



Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2875, Expedited Procedure

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TOSHIHIKO MIYAZAKI ET AL.) Examiner: D. Dalei
Application No.: 09/781,305) Group Art Unit: 2875
Filed: February 13, 2001)
For: METHOD AND APPARATUS)
FOR MANUFACTURING IMAGE :
DISPLAYING APPARATUS) December 11, 2003

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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DEC 17 2003

TECHNOLOGY CENTER 2800

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action of September 11, 2003, please amend the above identified application pursuant to 37 C.F.R. § 1.116.

The claims are listed beginning at page 2. The Remarks begin at page 19.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 11, 2003.

(Date of Deposit)

FRANK A. DeLUCIA (Reg. #42,476)

(Name of Attorney for Applicant)

December 11, 2003

Date of Signature



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BOX AF

AF 2300

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2875, Expedited Procedure

In re Application of:

TOSHIHIKO MIYAZAKI ET AL.

Application No.: 09/781,305

Filed: February 13, 2001

For: METHOD AND APPARATUS FOR
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DISPLAYING APPARATUS

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THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 61	MINUS	** 130	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 11	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 92,475

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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